

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46538

FILED
Apr 11, 2009
Secretary of State

Entity Name: GROVE PARK UNIT 4-A HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6933 TONGA DRIVE
JACKSONVILLE, FL 32216 US

New Principal Place of Business:

Current Mailing Address:

6933 TONGA DRIVE
JACKSONVILLE, FL 32216 US

New Mailing Address:

FEI Number: 59-3110543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KINARD, A. J
7085 TONGA DRIVE
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KINARD, A.J.
Address: 7085 TONGA DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: S () Delete
Name: SHOFFER, LYNNE
Address: 6942 TONGA DRIVE
City-St-Zip: JACKSONVILLE, FL 32216

Title: T () Delete
Name: BROMFIELD, GARY
Address: 6933 TONGA DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: KINARD, A.J.
Address: 7085 TONGA DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: HEINDEL, RIC
Address: 1005 BALI PLACE
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BROMFIELD

T

04/11/2009

Electronic Signature of Signing Officer or Director

Date